

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024417

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6300

FILED JUL 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
20 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION City Hospital No. 1Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
4489 Washington Ave.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Ike

Middle

Bivens

Last

4. DATE

OF
DEATH

Month

6

Day

23

Year

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-3-1925

9. AGE (last birthday)

37 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10b. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (City and state or country)

North Little Rock, Ark.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Ike Bivens

13b. MOTHER'S MAIDEN NAME

Irabelle

?

14. NAME OF HUSBAND OR WIFE

Queen L. Bivens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Queen L. Bivens, 4654 Greer Ave.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

902.7-45 accident

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF
INJURYHour
a.m.
p.m.Month, Day, Year
6-21-6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

19 St. Louis

20f. CITY, TOWN, OR LOCATION

St. Louis Mo

COUNTY

STATE

21. I attended the deceased from

6:15 P.

to

and last saw her

him alive on

Death occurred at

6:15 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul J. Simon Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

6/26/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6-27-62

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

W. J. Baker & Son, 3201 N. Newstead

25. DATE RECD. BY LOCAL REG.

JUN 26 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

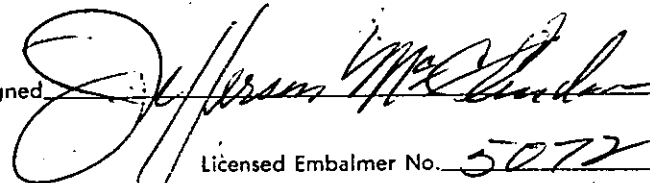
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 5072

P. O. Address 4535 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.